

| Bill Subject | Description | Statute |
|--|---|----------------------|
| Non-profit health carrier surplus SB 5247 (from 2011 session.) | Give the Commissioner explicit authority to consider surplus when reviewing rate filings of non-profit health carriers. | 48.43 (new section) |
| Exchange Market Participation HB 2319 SB 6178 | Confirm commissioner's regulatory authority over forms, rates and networks of health plans sold in the exchange. Establish minimum market participation requirements. | 48.43 (new sections) |
| Direct practice study repeal HB 2420 SB 6391 | The direct practices chapter requires annual reports and a study due at the end of 2012. This would repeal the study. The annual reports will continue. | 48.150.120 (Repeal) |
| Technical bill: HB 2523 SB 6181 | | |
| Correct error in service of process statute | Currently reads " <i>unauthorized</i> foreign or alien insurer." It should read " <i>authorized</i> ." | 4.28.080 (7)(a) |
| Expedited review | Update DOH independent review statute to reference expedited review under 48.43.535(7)(a). (DOH request.) | 43.70.235 |
| Align RBC actions levels in statute consistent with NAIC report form requirement | Change the statutory negative trend company action level from 250% RBC authorized control level to the NAIC standard of 300%. This standard is already in the NAIC annual statement form required by WAC 284.07.050). | 48.05.440 |
| Licensing - home state - adjusters. | Add adjusters to the definition of home state for licensing purposes. | 48.17.010 |

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| Technical bill: (cont.) | | |
| Adjusters home state | Eliminate fingerprint requirement for non-resident applicants for adjuster licenses. Allow adjusters applying from a state that does not license adjusters to designate another state that does license them as home state for licensing purposes. | 48.17.380 |
| Repeal outdated tort reform-related rate review requirement | Repeal the statute requiring the OIC to determine whether a rate credit feature in 1986 tort reform legislation is due. Insurers have long since developed data necessary to calculate the impact of that law. | 48.19.450 (Repeal) |
| Disability insurers -- coverage of persons under age 26 | Distinguish between grandfathered and non grandfathered plans. | 48.20.435 |
| Charitable gift annuity - service of process | Correct obsolete service of process reference in CGA chapter. (From 48.05.210 to 48.05.200). | 48.38.010 |
| Charitable gift annuity - violations | Repeal the mandatory revocation of the certificate of exemption held by CGAs that are not meeting statutory reserve requirements or do not timely pay fines. | 48.38.020 |
| Charitable gift annuity - penalty | Make revocation of a CGA's certificate of exemption an optional penalty. | 48.38.050 |
| WSHIP - no pre-ex waiting period for outpatient drugs | WSHIP request section. | 48.41.110(7)(a) |

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| Technical bill: (cont.) | | |
| Definitions in 48.43 | Conform definition of grievance to HHS rules; define individual market. | 48.43.005 |
| Coverage of persons under age 19 | Add person under age 19 to the standard health questionnaire exemption. Add reference to BHP (HCA request). | 48.43.018 |
| Align RBC actions levels in statute consistent with NAIC report form requirement | Change the statutory negative trend company action level from 250% RBC authorized control level to the NAIC standard of 300%. This standard is already in the NAIC annual statement form required by WAC 284.07.050). | 48.43.310 |
| Grievance process update -- carriers | Update grievance and appeal process to conform to HHS rules. | 48.43.530 |
| Grievance process - TPAs | Grievance and appeal process applies to plans using third party administrators for the appeal process. | 48.43.535 |
| HCSC - under age 26 coverage | Distinguish between grandfathered and non-grandfathered health care service contracts with respect to persons under 26. | 48.44.215 |
| HMO - grievance process | Update terminology in definitions to conform to HHS rules. | 48.46.020 |
| HMO - grievance process | Replace "grievance" with "appeal;" strike reference to "enrollee complaint system." | 48.46.030 |

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| Technical bill: (cont.) | | |
| HMO - grievance process | Delete references to agreements with providers for health care services, need for detailed description of “enrollee complaint system.” | 48.46.040 |
| HMO - under age 26 coverage | Add distinction between grandfathered and non-grandfathered plans; replace “dependent” with “child.” | 48.46.325 |
| Update federal agency reference | Replace “federal health care financing administration” with “centers for medicare and medicaid services.” | 48.85.010 |
| Update federal agency reference | Replace “federal health care financing administration” with “centers for medicare and medicaid services.” | 48.85.020 |
| MEWA filing requirement | Replace fingerprint requirement of officers of MEWAs applying for certificate of authority with third party verification reports. | 48.125.050 |